

SERFF Tracking Number:	GRTA-125560709	State:	Arkansas
Filing Company:	Great American Assurance Company	State Tracking Number:	EFT \$150
Company Tracking Number:	CA AR 0803 TRUX		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0004 Truckers
Product Name:	Long Haul Trucking TruXpro Coverages Endorsements		
Project Name/Number:	TruXpro Endorsements/		

Filing at a Glance

Company: Great American Assurance Company

Product Name: Long Haul Trucking TruXpro SERFF Tr Num: GRTA-125560709 State: Arkansas

Coverages Endorsements

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: EFT \$150

Sub-TOI: 20.0004 Truckers

Co Tr Num: CA AR 0803 TRUX

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: Jackie Bisbe

Disposition Date: 04/11/2008

Date Submitted: 04/01/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 04/11/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):
04/11/2008

State Filing Description:

General Information

Project Name: TruXpro Endorsements

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 04/22/2008

State Status Changed: 04/11/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

To update TruXpro Coverages Endorsements

Company and Contact

Filing Contact Information

SERFF Tracking Number: *GRTA-125560709* *State:* *Arkansas*
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Jackie Bisbe, Mrs. jbisbe@gaic.com
49 East 4th Street (513) 369-5000 [Phone]
Cincinnati, OH 47202 (513) 333-6996[FAX]

Filing Company Information

Great American Assurance Company	CoCode: 26344	State of Domicile: Ohio
580 Walnut Street	Group Code: 84	Company Type: P&C
Cincinnati, OH 45202	Group Name:	State ID Number:
(513) 369-5000 ext. [Phone]	FEIN Number: 15-6020948	

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Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? No
 Fee Explanation: Forms - \$50 per filing
 R/R - \$100 per filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Assurance Company	\$150.00	04/01/2008	19186226

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/11/2008	04/22/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Truxpro Coverages Endorsement	Form	Jackie Bisbe	04/21/2008	04/21/2008
Truxpro Coverages Endorsement	Form	Jackie Bisbe	04/21/2008	04/21/2008
Forms Memorandum	Form	Jackie Bisbe	04/21/2008	04/21/2008
Rate/Rule pages for CA 8455	Rate	Jackie Bisbe	04/21/2008	04/21/2008
Rate/Rule pages for CA 8365	Rate	Jackie Bisbe	04/21/2008	04/21/2008
Rate/Rule Memorandum	Rate	Jackie Bisbe	04/21/2008	04/21/2008
Uniform Transmittal Document-Property & Casualty	Supporting Document	Jackie Bisbe	04/21/2008	04/21/2008
Transmittals and Cover Letter	Supporting Document	Jackie Bisbe	04/21/2008	04/21/2008

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Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Forms on Word format	Note To Filer	Llyweyia Rawlins	04/11/2008	04/11/2008

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Disposition

Disposition Date: 04/11/2008

Effective Date (New): 04/11/2008

Effective Date (Renewal): 04/11/2008

Status: Approved

Comment:

This line is exempt from filing rates/rules in compliance with ACA 23-67-206 which states that P&C insurance for commercial risks, excluding workers' compensation, employers' liability and professional liability insurance, including but not limited to, medical malpractice insurance, are exempted from the rates/rules filing and review requirements.

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Uniform Transmittal Document-Property & Casualty		Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document (revised)	Transmittals and Cover Letter		Yes
Supporting Document	Transmittals and Cover Letter	Approved	Yes
Form (revised)	Truxpro Coverages Endorsement		Yes
Form	Truxpro Coverages Endorsement	Approved	Yes
Form (revised)	Truxpro Coverages Endorsement		Yes
Form	Truxpro Coverages Endorsement	Approved	Yes
Form (revised)	Forms Memorandum		Yes
Form	Forms Memorandum	Approved	Yes
Rate (revised)	Rate/Rule pages for CA 8455		Yes
Rate	Rate/Rule pages for CA 8455	Approved	Yes
Rate (revised)	Rate/Rule pages for CA 8365		Yes
Rate	Rate/Rule pages for CA 8365	Approved	Yes
Rate (revised)	Rate/Rule Memorandum		Yes
Rate	Rate/Rule Memorandum	Approved	Yes

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Amendment Letter

Amendment Date:

Submitted Date: 04/21/2008

Comments:

Please find attached the PDF form copies.

Thank you,
 Jackie Bisbe

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Truxpro Coverages Endorsement	CA 8455	03/08	Endorsement/Amendment/Conditions	Replaced	CA 8455 10/06		0	CA 8455 Ed. 03-08.pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Truxpro Coverages Endorsement	CA 8365	03/08	Endorsement/Amendment/Conditions	Replaced	CA 8365 06/04		0	CA 8455 Ed. 03-08.pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Forms Memorandum			Endorsement/Amendment/Conditions	New			0	TruXpro Forms Memorandum [1].pdf

Rate/Rule Schedule Item Changes:

Exhibit Name:	Rule # or Page #:	Rate Action:	Previous State Filing Numbers:	Attach Document:
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Rate/Rule pages for CA 8455	Replacement	Rates - Exhibit A[1].pdf
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Exhibit Name:	Rule # or Page #:	Rate Action:	Previous State Filing Numbers:	Attach Document:
Rate/Rule pages for CA 8365		Replacement		Rates - Exhibit B[1].pdf

Exhibit Name:	Rule # or Page #:	Rate Action:	Previous State Filing Numbers:	Attach Document:
Rate/Rule Memorandum		New		TruXpro rate & rule memorandum[1].pdf

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Company Tracking Number: CA AR 0803 TRUX
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Supporting Document Schedule Item Changes:

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Comment:

PCTD.pdf

User Added -Name: Transmittals and Cover Letter

Comment:

FFS.pdf

RRFS.pdf

Cover Letter.pdf

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Note To Filer

Created By:

Llyweyia Rawlins on 04/11/2008 01:25 PM

Subject:

Forms on Word format

Comments:

Hello Jackie

I have reveiwed your form filing, and there is only one requirement that needs to be corrected.

Per Serff guidelines all forms need to be PDF format. Since your forms and the support documents are in word format, they are over 3mb per Serff guidelines.

Please correct your forms so they can go on the PDF Pipeline. Once this is completed I will approve the filing.

Thank You

Llyweyia Rawlins

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Product Name: Long Haul Trucking TruXpro Coverages Endorsements

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
	Truxpro Coverages Endorsement	CA 8455	03/08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 CA 8455 10/06 Previous Filing #:		CA 8455 Ed. 03-08.pdf
	Truxpro Coverages Endorsement	CA 8365	03/08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 CA 8365 06/04 Previous Filing #:		CA 8455 Ed. 03-08.pdf
	Forms Memorandum			Endorsement/Amendment/Conditions New		0.00	TruXpro Forms Memorandum [1].pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TRUXPRO COVERAGES ENDORSEMENT

This endorsement modifies Insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

SCHEDULE

Downtime/Rental Reimbursement:	[Applicable/Not Applicable]
Personal Effects:	[Applicable/Not Applicable]
Electronic Equipment:	[Applicable/Not Applicable]
Tarps, Chains, Binders:	[Applicable/Not Applicable]
Diminishing Deductible	[Applicable/Not Applicable]
Single Deductible:	[Applicable/Not Applicable]

(If no entry appears above all coverages above apply unless information required to complete this endorsement is shown in the Declarations as applicable to this endorsement.)

The following coverages **A. - F.**, described by this endorsement are to be **mutually exclusive of each other and constitute separate insuring agreements**. These coverages are supplementary to the coverages offered in your Policy. Each coverage is provided only when the coverage is specifically listed in the above Schedule or is shown in the Policy Declarations. Definitions not included in this endorsement are those definitions in the Policy to which this endorsement is attached.

**A. DOWNTIME / RENTAL
REIMBURSEMENT
COVERAGE**

We will pay for downtime in an amount of up to a maximum of \$150 each day, or \$750 a week, subject to a maximum of \$5,000 each **loss** incurred after the **waiting period**.

Downtime includes:

1. **Loss of business income you** incur due to necessary suspension of **your** operations during the **Period of Restoration**. The suspension must be caused by direct physical **loss** of or damage to a covered **auto** described in the Policy, caused by or resulting from any covered cause of **loss**.
2. Extra expenses that minimize the suspension of **your** business operations and that **you** would not

have incurred if there had been no direct physical **loss** of or damage to **your** covered **auto** caused by or resulting from a covered cause of **loss**. This includes the rental of a reasonable substitute vehicle.

Definitions

Business Income means:

1. Net income, which is gross income less operating expenses before income taxes, that would have been earned or incurred; plus
2. Continuing normal operating expenses incurred, including payroll.

Waiting Period means:

A period of seven consecutive days that begins when both of the following have occurred:

1. **we** give **you our** agreement to pay for appraised repairs, and
2. **you** give **Authorization of Repair**.

However:

- a. If **we** give **you our** agreement to pay for appraised repairs and **you** either:
 - (1) choose to wait to have repairs begun or
 - (2) continue to use the covered **auto** before repairs begin,then the **waiting period** begins when the covered **auto** is delivered for commencement of all appraised repairs and continues for seven days thereafter
- b. If **we** determine the covered **auto** to be a **total loss**, the **waiting period** begins when **we** first inspect the vehicle and continues for seven days thereafter

- c. If **we** require **you** to complete an affidavit in connection with the **loss**, the **waiting period** begins when **we** receive the affidavit from you and continues for seven days thereafter.

Authorization of Repair means:

The **insured's** signing of the work order at the repair facility or the time when the repairs of the covered **auto** commence.

Period of Restoration means:

The period of time that begins at the end of the **waiting period** and ends when:

1. the repair of the covered **auto** is complete, or
2. it is reasonably anticipated that the repair of the covered **auto** should be complete.

In the event of a **total loss**, the **period of restoration** ends when **we** make a settlement offer.

Exclusions

1. **We** will not pay for **loss** arising out of any dishonest or illegal act, alone or in collusion with another by **you**, others under **your** employment or service or any person or persons to whom the property may be entrusted.
2. **We** will not pay for **downtime** for the period of time between the date of the **loss** and **our** authorization to repair the vehicle.
3. **Period of Restoration** does not include any increased period required due to the enforcement of any ordinance or law that requires any "insured" or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effect of "pollutants".

Other Insurance Provision

In the event of other insurance for the same **loss**, the coverage provided by this endorsement will be excess over any other collectable insurance.

B. PERSONAL EFFECTS COVERAGE

We will pay the lesser of actual cash value, repair cost or replacement cost, up to a limit of \$5,000 for any one **loss** subject to a \$250 deductible, for **loss** to personal property or effects of the **insured**. The property must be in the covered **auto** at the time of **loss**.

Exclusions

1. This coverage excludes **loss** of the following:
 - a. Accounts, bills, currency, deeds, evidence of debt, money, notes or securities.
 - b. Electronic equipment or tapes, records, discs or other similar audio visual or data electronic equipment.
 - c. Jewelry, watches, necklaces, bracelets or rings.
 - d. Precious metals and stones such as gems, gold, platinum or silver.
 - e. Furs.
 - f. Animals, birds or fish.
 - g. Motorized vehicles.
2. Theft if, at the time of **loss** the covered **auto** is unattended, unless the **loss** is the result of forcible entry into the covered **auto** while all doors, windows or other openings are closed and locked and provided there are visible signs or marks of forcible entry.
3. Mysterious disappearance of the covered property.

- 4., Collusion, conversion, embezzlement, secretion or any other intentional **loss** to the covered property.

Other Insurance Provision

In the event of other insurance for the same **loss**, the coverage provided by this endorsement will be excess over any other collectable insurance.

C. ELECTRONIC EQUIPMENT COVERAGE

We will pay the lesser of actual cash value, repair cost or replacement cost, up to a limit of \$5,000 for any one **loss** subject to a \$250 deductible, for **loss** to electronic equipment, including satellite communication equipment, antennas, tapes, records, discs or other similar devices used with the electronic equipment and other accessories used for audio, visual or data purposes. At the time of **loss** the equipment must be in or on the covered **auto**.

Exclusions

This coverage excludes **loss** of the following:

1. Equipment used to operate the covered **auto**.
2. Radar detection devices.
3. Actual data, however maintained.
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6. Theft if, at the time of **loss** the covered **auto** is unattended, unless the **loss** is the result of forcible entry into the covered **auto** while all doors, windows or other openings are closed and

locked and provided there are visible signs or marks of forcible entry.

7. Mysterious disappearance of the covered property.
8. Collusion, conversion, embezzlement, secretion or any other intentional **loss** to the covered equipment.
9. Any satellite and satellite equipment, speakers, stereo equipment, computers and computer equipment, monitors or televisions not permanently installed to the **covered auto**.

Other Insurance Provision

In the event of other insurance for the same **loss**, the coverage provided by this endorsement will be excess over any other collectable insurance.

D. TARPS, CHAINS AND BINDERS

We will pay for **loss** of tarps, chains and binders up to a limit of \$500 and subject to a deductible of \$100 per **loss** if the **loss** occurs while the tarps, chains and binders are used with the covered auto or semi-trailer as described in the policy/certificate. This coverage extends to **loss** caused by:

- (1) Fire, lightning or explosion;

- (2) Theft, provided notice of theft is reported to the police;

- (3) Windstorm, hail or earthquake;

- (4) Flood;

- (5) The sinking, burning, collision or derailment of any conveyance transporting the covered "auto";

- (6) Mischief or vandalism; or

- (7) Collision.

E. SINGLE DEDUCTIBLE CLAUSE

You will pay the deductible stated on the declarations page only once for **damages** to **your** tractor and trailer when both are **insured** by this policy and are damaged by the same covered cause of **loss**.

F. DIMINISHING DEDUCTIBLE

The deductible stated on the declarations page will decrease 25% of the deductible amount at policy inception for every year in which the **insured** does not have a **loss** until the deductible reaches \$0. The deductible will reset to the original amount as at policy inception when the **insured** has a **loss**.

All other provisions of the policy remain unchanged by this endorsement.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TRUXPRO COVERAGES ENDORSEMENT

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MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

SCHEDULE

Downtime/Rental Reimbursement:	[Applicable/Not Applicable]
Personal Effects:	[Applicable/Not Applicable]
Electronic Equipment:	[Applicable/Not Applicable]
Tarps, Chains, Binders:	[Applicable/Not Applicable]
Diminishing Deductible	[Applicable/Not Applicable]
Single Deductible:	[Applicable/Not Applicable]

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have incurred if there had been no direct physical **loss** of or damage to **your** covered **auto** caused by or resulting from a covered cause of **loss**. This includes the rental of a reasonable substitute vehicle.

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- b. If **we** determine the covered **auto** to be a **total loss**, the **waiting period** begins when **we** first inspect the vehicle and continues for seven days thereafter

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Exclusions

1. **We** will not pay for **loss** arising out of any dishonest or illegal act, alone or in collusion with another by **you**, others under **your** employment or service or any person or persons to whom the property may be entrusted.
2. **We** will not pay for **downtime** for the period of time between the date of the **loss** and **our** authorization to repair the vehicle.
3. **Period of Restoration** does not include any increased period required due to the enforcement of any ordinance or law that requires any "insured" or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effect of "pollutants".

Other Insurance Provision

In the event of other insurance for the same **loss**, the coverage provided by this endorsement will be excess over any other collectable insurance.

B. PERSONAL EFFECTS COVERAGE

We will pay the lesser of actual cash value, repair cost or replacement cost, up to a limit of \$5,000 for any one **loss** subject to a \$250 deductible, for **loss** to personal property or effects of the **insured**. The property must be in the covered **auto** at the time of **loss**.

Exclusions

1. This coverage excludes **loss** of the following:
 - a. Accounts, bills, currency, deeds, evidence of debt, money, notes or securities.
 - b. Electronic equipment or tapes, records, discs or other similar audio visual or data electronic equipment.
 - c. Jewelry, watches, necklaces, bracelets or rings.
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In the event of other insurance for the same **loss**, the coverage provided by this endorsement will be excess over any other collectable insurance.

D. TARPS, CHAINS AND BINDERS

We will pay for **loss** of tarps, chains and binders up to a limit of \$500 and subject to a deductible of \$100 per **loss** if the **loss** occurs while the tarps, chains and binders are used with the covered auto or semi-trailer as described in the policy/certificate. This coverage extends to **loss** caused by:

- (1) Fire, lightning or explosion;

- (2) Theft, provided notice of theft is reported to the police;

- (3) Windstorm, hail or earthquake;

- (4) Flood;

- (5) The sinking, burning, collision or derailment of any conveyance transporting the covered "auto";

- (6) Mischief or vandalism; or

- (7) Collision.

E. SINGLE DEDUCTIBLE CLAUSE

You will pay the deductible stated on the declarations page only once for **damages** to **your** tractor and trailer when both are **insured** by this policy and are damaged by the same covered cause of **loss**.

F. DIMINISHING DEDUCTIBLE

The deductible stated on the declarations page will decrease 25% of the deductible amount at policy inception for every year in which the **insured** does not have a **loss** until the deductible reaches \$0. The deductible will reset to the original amount as at policy inception when the **insured** has a **loss**.

All other provisions of the policy remain unchanged by this endorsement.

LONG HAUL TRUCKING

FORMS MEMORANDUM

Great American's Trucking Division hereby files amended forms for the Great American Long Haul Trucking Program.

Under this program, we provide a wide array of property and casualty insurance products to trucking owner-operators and small fleets.

Commercial Auto products specifically are provided to 2 trucking customers. Truckers who operate under their own federal authority and those that lease onto a motor carrier using the motor carrier's authority. This important distinction is made as a different commercial auto package is currently used for each segment.

Truckers operating under their own federal authority

This customer segment needs Primary Liability (Business Use) and Physical Damage. We currently offer this coverage using ISO based forms with company endorsements.

See Forms List *Exhibit A* for a list of modified forms.

Truckers leased onto a motor carrier using the motor carrier's authority

This customer segment needs Non-Trucking Liability (Non Business Use) and Physical Damage. We currently offer this coverage using a company filed package policy with company endorsements.

See Forms List *Exhibit B* for a list of modified forms.

<i>SERFF Tracking Number:</i>	<i>GRTA-125560709</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great American Assurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$150</i>
<i>Company Tracking Number:</i>	<i>CA AR 0803 TRUX</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0004 Truckers</i>
<i>Product Name:</i>	<i>Long Haul Trucking TruXpro Coverages Endorsements</i>		
<i>Project Name/Number:</i>	<i>TruXpro Endorsements/</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>GRTA-125560709</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great American Assurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$150</i>
<i>Company Tracking Number:</i>	<i>CA AR 0803 TRUX</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0004 Truckers</i>
<i>Product Name:</i>	<i>Long Haul Trucking TruXpro Coverages Endorsements</i>		
<i>Project Name/Number:</i>	<i>TruXpro Endorsements/</i>		

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
	Rate/Rule pages for CA 8455		Replacement	Rates - Exhibit A[1].pdf
	Rate/Rule pages for CA 8365		Replacement	Rates - Exhibit B[1].pdf
	Rate/Rule Memorandum		New	TruXpro rate & rule memorandum[1].pdf

LONG HAUL TRUCKING

EXHIBIT A – REVISED RATE/RULE PAGES

Rules

1. This form is only available for use with the Non Trucking Liability / Physical Damage Coverage form and only in states where approved.
2. This endorsement is not available unless the risk qualifies for physical damage coverage.
3. This form is only available if the policy affords Physical Damage coverage.

Premium Development

Multiply the number of power units by \$18 per month. (Reduced from \$22 per month)

Multiply the number of trailers by \$5 per month. (Reduced from \$8 per month)

Minimum Premium - NONE

LONG HAUL TRUCKING

EXHIBIT B – REVISED RATE/RULE PAGES

Rules

1. This form is only available for use with the Business Auto Coverage form, Motor Carrier Coverage form and Trucker Coverage form and only in states where approved.
2. This endorsement is not available unless the risk qualifies for physical damage coverage.
3. This form is only available if the policy affords Physical Damage coverage.

Premium Development

Multiply the number of power units by \$18 per month. (Reduced from \$22 per month)
Multiply the number of trailers by \$5 per month. (Reduced from \$8 per month)

Minimum Premium - NONE

LONG HAUL TRUCKING

RATE/RULE MEMORANDUM

Great American's Trucking Division hereby files amended rates and rules for the Great American Trucking Program.

Under this program, we provide a wide array of property and casualty insurance products to trucking owner-operators and small fleets.

Commercial Auto products specifically are provided to 2 trucking customers. Truckers who operate under their own federal authority and those that lease onto a motor carrier using the motor carrier's authority. This important distinction is made as a different commercial auto package is currently used for each segment.

Type II - Truckers operating under their own federal authority

This customer segment needs Primary Liability (Business Use) and Physical Damage. We currently offer this coverage using ISO based forms with company endorsements.

See *Rates/Rules Exhibit A* for a list of modified rates/rules.

Type I - Truckers leased onto a motor carrier using the motor carrier's authority

This customer segment needs Non-Trucking Liability (Non Business Use) and Physical Damage. We currently offer this coverage using a company filed package policy with company endorsements.

See *Rates/Rules Exhibit B* for a list of modified rates/ rules.

Filing Purpose

The purpose of this filing is: (1) to revise the coverage form; (2) to lower our rates to correlate with our average risks.

The intent of the form revisions is to clarify the coverages provided. Coverage has not been broadened or lessened by this revision. All rules remain as they are. All coverage limits remain as they are.

SERFF Tracking Number: GRTA-125560709 State: Arkansas
Filing Company: Great American Assurance Company State Tracking Number: EFT \$150
Company Tracking Number: CA AR 0803 TRUX
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
Product Name: Long Haul Trucking TruXpro Coverages Endorsements
Project Name/Number: TruXpro Endorsements/

Supporting Document Schedules

Review Status:
Satisfied -Name: Uniform Transmittal Document- 04/21/2008
Property & Casualty

Comments:

Attachment:

PCTD.pdf

Review Status:
Satisfied -Name: Transmittals and Cover Letter 04/21/2008

Comments:

Attachments:

FFS.pdf

RRFS.pdf

Cover Letter.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3.	Group Name	Group NAIC #
	Great American Insurance Group	084

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Great American Assurance Company	OH	26344	15-6020948	

5.	Company Tracking Number	CA AR 0803 TRUX
-----------	--------------------------------	------------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Jackie Bisbe	Product Analyst	513.333.6927	513.333.6996	jbisbe@gaic.com
	49 E. 4 th Street, DTN 6 Cincinnati OH 45202				

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Jackie Bisbe

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	Commercial Auto 20.0000
10.	Sub-Type of Insurance (Sub-TOI)	Truckers 20.0004
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input checked="" type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: ASAP Renewal: ASAP

These pages are informational only and do not need to be submitted with your filings!

Notes for Uniform Property & Casualty Transmittal Document

DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
 - a. Date the filing is received by the Insurance Dept.**
 - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
 - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
 - d. Date of Disposition of the filing**—date filing is finished
 - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
 - f. State Filing #:** The number the state assigns to the filing (if applicable).
 - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
 - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix). This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

14. Effective Date Requested: This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

15. Reference Filing: Yes/No

16. Reference Organization (if applicable): The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

17. Reference Organization Number & Title (if applicable): This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

18. Company’s Date of filing: The date the company sends the filing.

19. Status of filing in domicile: Place for the company to show if filing has been filed in domicile and its status.

20. This filing transmittal is part of Company Tracking #: This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

21. Filing Description: This area can be used in lieu of a cover letter or filing memorandum and is free-form text.

22. Filing Fees: Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		CA AR 0803 TRUX		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		CA AR 0803 TRUX		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	TruXpro Coverages Endorsement	CA 8455 Ed. 03/08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CA 8455 Ed. 10/06	
02	TruXpro Coverages Endorsement	CA 8365 Ed. 03/08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CA 8365 Ed. 06/04	
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Effective March 1, 2007

This page is informational only and do not need to be submitted with your filings!

Notes for Form Filing Transmittal
DESCRIPTION OF ITEMS IN THE FORM FILING SCHEDULE

FORM FILING SCHEDULE

- 1. This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state
- 2. This filing corresponds to rate/rule filing number:** Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one.
- 3. Exhibit/Form Name/Description/Synopsis:** This is a list of forms being filed. **Do not refer to the body of the filing for a separate forms listing, unless allowed by state. This is required information and is required here.** The line numbers below this are to help the Departments that track the number of forms they receive.

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	CA AR 0803 TRUX
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	CA AR 0803 TRUX

☐ Rate Increase

☒ Rate Decrease

☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)						
4a.	Rate Change by Company (As Proposed)						
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Great American Assurance Co							
4b.	Rate Change by Company (As Accepted) For State Use Only						
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)	NA	
5b.	Overall percentage rate impact for this filing		
5c.	Effect of Rate Filing – Written premium change for this program		
5d.	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
7.	Effective Date of last rate revision	
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Exhibit A – Premium page for CA 8455	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	Exhibit B – Premium page for CA 8365	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

These pages are informational only and do not need to be submitted with your filings!

Notes for Rate/Rule Filing Transmittal

DESCRIPTION OF ITEMS IN THE RATE FILING SCHEDULE

RATE/RULE FILING SCHEDULE

1. This filing transmittal is part of Company Tracking #: This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

2. This filing corresponds to form filing number: Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one. **Use check boxes to indicate if this is a rate increase, a rate decrease or rate neutral.**

3. Filing Method (Prior Approval, File & Use, Flex Band, etc): This is the review method for which the filing is being submitted. See State Specific Requirements.

4. Rate Change by Company: Complete all fields for each company included in the filing.

- **Overall % Indicated Change (when applicable)** - This field is only to be completed when an actuarial indication is included in the filing submission.
- **Overall % Rate Impact** - This is the statewide average percentage change to the accepted rates for the coverages included for each company.
- **Written premium change for this program** - This is the statewide change in written premium based on the proposed overall percentage rate impact for each company.
- **# of policyholders affected for this program** - This is the number of policyholders affected by the overall percentage rate impact for each company.
- **Written premium for this program** - This is the statewide written premium for each company.
- **Maximum % Change & Minimum % Change** – This information should be completed if required by the state to which the filing is being submitted.
 - If all the policyholders get increases, then the maximum change is the largest increase and the minimum change is the smallest increase.
 - If all the policyholders get decreases, then the maximum change is the smallest decrease and the minimum change is the largest decrease.
 - If some of the policyholders get increases and others get decreases, then the maximum change is the largest increase and the minimum change is the largest decrease.

5a. Overall percentage rate indication (when applicable): These fields are only to be completed when an actuarial indication is included in the filing submission.

5b. Overall percentage rate impact for this filing: This is the statewide average percentage change to the accepted rates for the coverages included in the filing. This field only needs to be completed for group filings.

5c. Effect of Rate Filing—Written Premium Change for this program: This is the statewide change in written premium based on the proposed overall percentage rate impact. This field only needs to be completed for group filings.

5d. Effect of Rate Filing—Number of policyholders affected: This is the number of policyholders affected by the overall percentage rate impact. This field only needs to be completed for group filings.

6. Overall percentage of last rate revision: This is the statewide average of the last percentage change implemented in the state.

7. Effective Date of last rate revision: This is the implementation date of the last overall percentage rate impact.

8. Filing Method of Last Filing (Prior Approval, File & Use, Flex Band, etc): This is the review method for which the last filing was submitted. See State Specific Requirements.

9. Rule # or Page # Submitted for Review: This is the list of changes to the rate/rule manual.

To be complete a filing must include the following:

- A completed Property & Casualty Transmittal Document (PC TD-1).
- A completed Form Filing Schedule Document (PC FFS-1), when applicable. **Do not refer to the body of the filing for the forms listing, unless allowed by state.**
- A completed Rate/Rule Filing Transmittal document (PC RRFS-1), when applicable. **Do not refer to the body of the filing for the forms listing, unless allowed by state.**
- The appropriate state specific requirements.
- The appropriate filing fees, when required.
- A postage-paid, self-addressed envelope large enough to accommodate the return of acknowledgement, as required by state.
- You should refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

Specialty Operations
49 East Fourth Street
Dixie Terminal South Building
4th Floor
Cincinnati, OH 45202-3803
PO Box 5425
Cincinnati, OH 45201-5425
1-800-605-6713
513.333.6996 fax



April 1, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock AR 72201-1904

Re: **Great American Assurance Company 084-26344**
Commercial Automobile – Trucking Division
TruXpro - Updated Form, Rate, and Rule Filing
GAI Filing # CA AR 0803 TRUX

Dear Sir or Madam:

The above captioned company wishes to place on file updated captioned forms and associated rate and rule pages. Please find enclosed all necessary transmittals and explanatory memorandums.

Please note all filed forms and rule pages apply only to the Trucking program.

Please use the enclosed duplicate letter to indicate your receipt and acknowledgement. We request that this filing be available for use as soon as possible within the guidelines of your state.

Thank you and please contact me with any further questions.

Sincerely,

Jackie Bisbe
Product Analyst
Product Development & Compliance
Phone: 513.333.6927
Fax: 513.333.6996
Email: jbisbe@gaic.com